

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14		2				
15		2				
16		2				
17		1				
18						
19						
20	1					
21						
22						
23						
24		1				
25						
26						
27						
28		2				
29		2				
30		1				
31						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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97						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						